

Appl. No. : 09/806,969  
Confirmation No. : 9719  
Applicant : Graham Ward  
  
Filed : April 6, 2001  
Title : DATA COMPRESSION UNIT  
CONTROL FOR ALIGNMENT  
OF OUTPUT SIGNAL



I, MARYANN WIECZOREK hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date of my signature.

Maryann Wiczorek  
Signature

7/6/05  
Date of Signature

TC/A.U. : 2613  
Examiner : Vu Le  
  
Docket No. : 087805-9024-00

### RESPONSE AFTER FINAL AND REQUEST FOR RECONSIDERATION

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the final Office action of April 6, 2005, reconsideration and allowance are respectfully requested in view of the following:

**Remarks/Arguments** begin on page 2 of this paper.

No amendments are being made to the claims. Therefore, pursuant to 37 C.F.R. §1.121(c) a listing of the claims is **not** included.

ZFW  
AF



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE  
Group Art Unit 2613

Patent Application of

Graham Ward

Application No. 09/806,969

Confirmation No.: 9719

Filed: April 6, 2001

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"DATA COMPRESSION UNIT CONTROL  
FOR ALIGNMENT OF OUTPUT SIGNAL"

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

The fee has been calculated as shown below.

| CLAIMS AS AMENDED |                  |  |       |  |  |             |                          |
|-------------------|------------------|--|-------|--|--|-------------|--------------------------|
|                   | (1)              | (2)<br>CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | (3)   | (4)<br>HIGHEST NO.<br>PREVIOUSLY<br>PAID FOR | (5)<br>PRESENT<br>EXTRA                          | (6)<br>RATE | (7)<br>ADDITIONAL<br>FEE |
|                   | TOTAL<br>CLAIMS  | 34   | MINUS | 34   | 0  | X \$50      | 0.00                     |
|                   | INDEP.<br>CLAIMS | 5  | MINUS | 5  | 0  | X \$200     | 0.00                     |
|                   |                  |  |       |  | TOTAL ADDITIONAL FEE<br>FOR THIS AMENDMENT ----□ |             | 0.00                     |

No additional fee is required.

In the event Applicant has overlooked the need to request an extension of time, please consider this a request for the same.

Charge or credit Deposit Account No. 13-3080 with any shortage or overpayment of the fees associated with this communication. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

A handwritten signature in black ink, appearing to read 'Derek C. Stettner', with a long horizontal flourish extending to the right.

Derek C. Stettner  
Reg. No. 37,945

File No. 087805-9024-00

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